PRINTED: 08/31/2010 FORM APPROVED OMB NO: 0938-0391

NAME OF PROVIDER OR SUPPLIER FOUR COURTS AT CHEROKEE PARK STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MILLVALE RD. LOUISVILLE, KY 40205 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X8) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X8)	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SU COMPLE		
FOUR COURTS AT CHEROKEE PARK 2100 MILLVALE RD. LOUISVILLE, KY 40205 (XA) ID PROVIDER'S PLAN OF CORRECTION (XS)			185237	B. WING	3	08/1	9/2010
VALID SUMMARY STATEMENT OF U.S. POLITONES 1 CONTROL 1 CONTRO			EE PARK	S	2100 MILLVALE RD.	CODE	
		I (FACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	((EACH CORRECTIVE ACT CROSS-REFERENCED TO	MON SHOULD BE THE APPROPRIATE	(X6) COMPLETION DATE
A Recertification Survey was conducted 08/17/10 through 08/19/10, and a Life Safety Code Survey was conducted 08/19/10. Deficiencies were olded, with the highest scope and severity of a "F". F 282 483.20(k)(3)(i) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care: This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to ensure Resident #11). The facility failed to ensure Resident #11 have at risk for falls. Review of Resident #11's medical record revealed an admission date of 06/24/10. The resident's diagnoses included Cerebral Vascular Accident (CVA), Hypertension, Seizures, Dementia, Congestive Heart Failure (CHF), Diabetes and Hypoglycemila. Review of the Admission Minimum Data Set (MDS) revealed the facility assesseed the resident to be at risk for falls. Heview of the Resident Assessment Protocol Sheet (RAPS) revealed the facility assesseed the resident assessment protocol Sheet (RAPS) revealed the facility of Resident #11 was at risk for falls. LABORATION VOIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGMMUME Four Courts of Cherokee Park does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to contest the survey. The Facility reserves all rights to contest the survey in facility reserves all rights to residuity of care to release proceedings. This any standard of care contract obligation or position and the Facility reserves all rights to contest the survey. The Facility reserves all rights to contest the survey. The Facility res	F 282 SS=D	A Recertification S through 08/19/10, was conducted 08/with the highest so 483.20(k)(3)(ii) SE PERSONS/PER C The services provided t	urvey was conducted 08/17/10 and a Life Safety Code Survey /19/10. Deficiencies were cited, tope and severity of a "F". RVICES BY QUALIFIED CARE PLAN ded or arranged by the facility by qualified persons in ach resident's written plan of the ensive Plan of Care was one (1) of fifteen (15) sampled on the facility failed to rehensive Plan of Care was one (1) of fifteen (15) sampled on the facility failed to rehensive Plan of Care was one (1) of fifteen (15) sampled on the facility failed to rehensive Plan of Care was one (1) of fifteen (15) sampled on the facility failed to rehensive Plan of Care was one (1) of fifteen (15) sampled on the facility failed to rehensive Plan of Care was one (1) of fifteen (15) sampled on the facility accordance of Care. The facility accordance of the Resident ocol Sheet (RAPS) revealed the ident #11 was at risk for falls gnoses of CVA, Ataxia, Seizure	F 2	Four Courts of Cher not believe and does any deficiencies e during or after the Facility reserves all a the survey findings of dispute resolution proceedings or any a legal proceedings. correction is not me any standard of obligation or possible contentions any type of civil or action or proceeding contained in this pleshould considered as potentially applicabe Quality assurance examination privile Facility does not wanthe right to a administrative, civil claim, action or proceeding to a survey of correction as parefforts to provide questions.	a not admit that xisted, before, e survey. The rights to contest arough informal formal appeal dministrative or This plan of ant to establish care, contract ition and the ights to raise all and defenses in criminal claim, ing. Nothing an of correction a waiver of any le Peer Review, or self critical ege which the ive and reserves ssert in any il or criminal coceeding. The sponse, credible cliance and plant of its ongoing	·

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 08/31/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185237	B. WING			08/19/2010	
,	(EACH DEFICIENC	EE PARK ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF	21 L.C IX	EET ADDRESS, CITY, STATE, ZIP CODE 100 MILLVALE RD. OUISVILLE, KY 40205 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE	ULD BE	(X6) COMPLETION DATE
F 282	Continued From p Disorder and Dem Resident #11 had which resulted in a The RAPS stated place as part of hi Review of the Res Evaluation, compl resident scored a resident was a hig Review of Reside Care, dated 06/24 had been develop fall. The Compre the following inter transfers and ens safety alarms. Re 06/27/10, reveale times". Review of Reside revealed no docu residents use of a On 08/19/10 betw 3:30 PM Residen different occasion place. Interview with Lic on 08/19/10 at 3: had a history of to unaware why the Nurse Aide (CNA LPN #1 revealed the resident's roc Interview with CN	rage 1 rentla. The RAPS indicated experienced a fall at home a fracture to the resident's rib. the resident had Tab Alarms in s/her fall safety plan of care. Sident #11's Fall Risk eted by the facility, revealed the twelve (12), indicating the gher risk for falls. Int #11's Comprehensive Plan of 1/10, revealed a Plan of Care hed related the resident's risk for hensive Plan of Care included vention: staff to assist with ure placement and function of eview of Physician Orders, dated d an order for "Fall alarm at all the fall alarm/safety alarm. In #11's CNA Care Plan mented evidence of the fall alarm/safety alarm. If een the hours of 10:50 AM and the fall alarm at all the fall alarm at all the story alarm in the center of the alarm. LPN #1 was alarm was not on the Certified alarm was not on the Certified of the care plan. Observation with Resident #11's alarm was not in the center of the mented evident #11's alarm was not in the certified of the sident #11's alarm was not in the certified was not on the certified was not the sident #11's alarm was not on the c	F	282	F282 (D) 1. Resident #11 saf alarm was placed on Resident notification of deficient practi Resident #11 CNA plan of car updated on 8/19/10 to reflect i use. 2. 100% of all C N care plan were audited to ensu assistive devices were part of care plan. This was conducted August 29, 2010 by RN Super A complete audit of all comprehensive care plans will completed by 9/29/30 and revimade as necessary by the ADON/Unit Manager. 3. An in-service we conducted by the Staff Development Coordinator will clinical staff by September 2/2010 to ensure an understand the care plan process, updating revisions as necessary and implementing the care plans. 4. 10% care plans will be conducted weekly by ADON and/or designee to encomprehensive care plans are date and being followed. Reforwarded to the daily clinical meeting for review and follo Recommendations and audit the daily clinical meeting will forwarded to the quarterly Q committee for further review follow up as needed.	upon ce. re was ts A are the i on rvisor. I be risions ill be th the ing of ng . audit the asure e up to sults al w up. s from ll be A	September 30, 2
}	revealed she did	recall Resident #11 having an					september 30, 2

PRINTED: 08/31/2010 FORM APPROVED OMB NO. 0938-0391

		CONCEDIO NO CENTROLO	0.001 5 0.00	IN CAMPTONATION	(VOLDATE OF	IDVEV
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185237	B. WING_		08/1	9/2010
	ROVIDER OR SUPPLIER DURTS AT CHEROKE	E PARK		REET ADDRESS, CITY, STATE, ZIP CODE 2100 MILLVALE RD. LOUISVILLE, KY 40205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP- DEFICIENCY)	IOULD BE	(X6) COMPLETION DATE
F 282 F 323 SS=D	alarm when first ad resident had change remember seeing to change. This CNA why the resident's plan. 483.25(h) FREE OHAZARDS/SUPEF The facility must end environment remains is possible; and adequate supervisity prevent accidents. This REQUIREMENT by: Based on observationed the fact residents' environment remains in four (4) residents in four (4) r	Imitted. CNA #2 indicated the jed rooms and did not he alarm since the room attated she was unsure as to alarm was not on the CNA care F ACCIDENT AVISION/DEVICES Insure that the resident ins as free of accident hazards each resident receives from and assistance devices to a serious and assistance devices to the inent remained free from as evidenced by an unlocked at which contained eleven (11) g chemicals, and exposed toilet sident bathrooms.	F 282		ekeeping vice by and toilet coms by the actice. e ac actice. re all hazards. are proper e mains as	

Facility ID: 100221

PRINTED: 08/31/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE S COMPLI		
185237	B. WING		08/1	9/2010	
NAME OF PROVIDER OR SUPPLIER FOUR COURTS AT CHEROKEE PARK	210	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MILLVALE RD. LOUISVILLE, KY 40205			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL, TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X6) COMPLETION DATE	
a. Liquid cleaner. If ingested, this cleaner could cause gastrointestinal irritation with nausea, vomiting and/or diarrhea. Contact with eyes and skin may cause moderate transient irritation. Inhalation may cause irritation and coughing. b. Glass cleaner. If a resident was exposed to it this cleaner could cause severe eye irritation and irritation to the respiratory tract and skin. c. Bacteria/digestant/deodorant. This deodorar could cause eye and skin irritation. It may be harmful if swallowed. Inhalation may affect the throat and respiratory systems. d. Germicidal wipes. Potential health hazards include mild to severe irritation of the eyes, gastrointestinal disturbances if ingested, moderate irritation to the nose and throat if inhaled and possible harm if absorbed through the skin. e. Pyrethrins spray. Exposure to this chemical may cause slight irritation to the eyes and to the skin. f. Stainless steel cleaner. Inhalation is the primary route of exposure and may cause dizziness, drowsiness and throat irritation. g. Air freshener. Contact with the eyes could cause severe irritation experienced as discomfo and pain, redness and swelling. Corneal injury may occur. Inhalation may cause upper respiratory tract irritation or narcosis. h. Cleaner and degreaser. Inhalation may irritathroat and respiratory system. May cause skin and eye irritation.	t,	3. An in-service conducted by the Housek Supervisor &/or Mainten Director by September 2 the housekeeping staff re maintaining an accident environment by keeping potential hazards locked. Director of Maintenance educate the housekeeping maintenance staff by Se, 2010 regarding the need and report potential hazar maintenance request form Preventive maintenance reviewed with staff by the maintenance director. September 29, 2010 4. The house keeping carts the Housekeeping carts the Housekeeping carts the Housekeeping carts the per week for fours weeks monthly and report to administration to ensure locked and meet an accident process.	teeping ance 4, 2010 for agarding free all The will g staff and ptember 24 to identify rds per n. plan was the eeping will audit three times s and then they are dent free		

Facility ID: 100221

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 08/31/2010 FORM APPROVED OMB NO. 0938-0391

TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING			(X3) DATE SURVEY COMPLETED			
	185237	B. WING			08/19/2010	
NAME OF PROVIDER OR SUPPLIER FOUR COURTS AT CHEROKEE PARK			21	100 MILLVALE RD.	1 00/	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHO	ULD BE	(X6) COMPLETION DATE
i. Aerosol Label Rehazardous in case itching, scaling, red blistering. It could eye, characterized itching. If over-experimental or central first it is a case skin and eye k. Urine Odor and irritation to the eyest interview with house PM revealed the he cart door and thouse way from it to clean to cart door and thouse keeper indicated way from it to clean to cart door and thouse keeper indicated way from it to clean to cart door and thouse keeper indicated way from it to clean to cart door and thouse keeper indicated way from it to clean to cart door and thouse keeper indicated way from it to clean to cart door and the lowest least unlocked. Interview with the keeper indicated way from it to clean to cart door and thouse keeper indicated way from it to clean way from it to c	emover. This product could be of skin contact. It may cause idening or, occasionally, be hazardous if exposed to the by redness, watering, and osed, it may cause respiratory nervous system depression. Ctant bathroom cleaner. May cause irritation. Stain Remover. May cause s, skin and digestive tract. Sekeeper on 08/19/10 at 1:30 cousekeeper he had shut the ght it locked before he walked an a bathroom. The ated he was not aware the cart double on that cart but the orvisor had worked on it and a fixed when the housekeeper on 08/18/10 and a new cart environmental tour on toilets in four (4) resident incovered bolts sticking up from	F	323	maintenance director / designation will complete an environment hazards audit of resident care. Any deficient practice will be reported to daily. A M meeting to administrative team for review and follow up Results of the audits will be forwarded to the monthly safe committee for follow up and review. All results will be forwarded to the quarterly Q.	eal areas. The areas areas.	ntember 30, 201
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REQULATORY OR L Continued From pa i. Aerosol Label Re hazardous in case itching, scaling, rec blistering. It could eye, characterized itching. If over-experimitation or central- j. Non-acid disinfercause skin and eye k. Urine Odor and irritation to the eye Interview with hous PM revealed the he cart door and thous away from it to clea housekeeper indica was left unlocked. Interview with the le Maintenance Supe they thought it was used it on 08/17/10 Supervisor further pulled from active had been ordered. 2. Observation on 08/18/10 revealed bathrooms had un their bases. Interview with the le Intervie	ROVIDER OR SUPPLIER DURTS AT CHEROKEE PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 i. Aerosol Label Remover. This product could be hazardous in case of skin contact. It may cause itching, scaling, reddening or, occasionally, blistering. It could be hazardous if exposed to the eye, characterized by redness, watering, and itching. If over-exposed, it may cause respiratory irritation or central nervous system depression. j. Non-acid disinfectant bathroom cleaner. May cause skin and eye irritation. k. Urine Odor and Stain Remover. May cause irritation to the eyes, skin and digestive tract. Interview with housekeeper on 08/19/10 at 1:30 PM revealed the housekeeper he had shut the cart door and thought it locked before he walked away from it to clean a bathroom. The housekeeper indicated he was not aware the cart was left unlocked. Interview with the Housekeeping Supervisor on 8/19/10 at 1:35 PM revealed there had been a problem with the lock on that cart but the Maintenance Supervisor had worked on it and they thought it was fixed when the housekeeper used it on 08/17/10. The Housekeeping Supervisor further revealed the cart had been pulled from active use on 08/18/10 and a new cart had been ordered. 2. Observation on environmental tour on 08/18/10 revealed toilets in four (4) resident bathrooms had uncovered bolts sticking up from	ROVIDER OR SUPPLIER DURTS AT CHEROKEE PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL. REQULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 i. Aerosol Label Remover. This product could be hazardous in case of skin contact. It may cause itching, scaling, reddening or, occasionally, blistering. It could be hazardous if exposed to the eye, characterized by redness, watering, and itching. If over-exposed, it may cause respiratory irritation or central nervous system depression. j. Non-acid disinfectant bathroom cleaner. May cause skin and eye irritation. k. Urine Odor and Stain Remover. May cause irritation to the eyes, skin and digestive tract. Interview with housekeeper on 08/19/10 at 1:30 PM revealed the housekeeper he had shut the cart door and thought it locked before he walked away from it to clean a bathroom. The housekeeper indicated he was not aware the cart was left unlocked. Interview with the Housekeeping Supervisor on 8/19/10 at 1:35 PM revealed there had been a problem with the lock on that cart but the Maintenance Supervisor had worked on it and they thought it was fixed when the housekeeper used it on 08/17/10. The Housekeeping Supervisor further revealed the cart had been pulled from active use on 08/18/10 and a new cart had been ordered. 2. Observation on environmental tour on 08/18/10 revealed tollets in four (4) resident bathrooms had uncovered bolts sticking up from their bases. Interview with the Maintenance Supervisor on	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 i. Aerosol Label Remover. This product could be hazardous in case of skin contact. It may cause itching, scaling, reddening or, occasionally, blistering. It could be hazardous if exposed to the eye, characterized by redness, watering, and litching. If over-exposed, it may cause respiratory irritation or central nervous system depression. J. Non-acid disinfectant bathroom cleaner. May cause skin and eye irritation. k. Urine Odor and Stain Remover. May cause irritation to the eyes, skin and digestive tract. Interview with housekeeper on 08/19/10 at 1:30 PM revealed the housekeeper he had shut the cart door and thought it locked before he walked away from it to clean a bathroom. The housekeeper indicated he was not aware the cart was left unlocked. Interview with the Housekeeping Supervisor on 8/19/10 at 1:35 PM revealed there had been a problem with the lock on that cart but the Maintenance Supervisor had worked on it and they thought it was fixed when the housekeeper used it on 08/17/10. The Housekeeping Supervisor on 8/19/10 at 1:35 PM revealed the cart had been pulled from active use on 08/18/10 and a new cart had been ordered. 2. Observation on environmental tour on 08/18/10 revealed toilets in four (4) resident bathrooms had uncovered bolts sticking up from their bases. Interview with the Maintenance Supervisor on	ROVIDER OR SUPPLIER DURTS AT CHEROKEE PARK SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO DENTIFYING INFORMATION) Continued From page 4 I. Aerosol Label Remover. This product could be hazardous in case of skin contact. It may cause itching, scaling, reddening or, occasionally, blistering. It could be hazardous if exposed to the eye, cheracterized by redness, watering, and liching. If over-exposed, it may cause respiratory irritation or central nervous system depression. J. Non-acid disinfectant bathroom cleaner. May cause irritation to the eyes, skin and digestive tract. Interview with housekeeper on 08/19/10 at 1:30 PM revealed the housekeeper he had shut the cart door and thought it locked before he walked away from it to clean a bathroom. The housekeeper indicated he was not aware the cart was left unlocked. Interview with the Housekeeping Supervisor on 8/19/10 at 1:35 PM revealed there had been a problem with the lock on that cart but the Maintenance Supervisor runher revealed the cart had been ordered. 2. Observation on environmental tour on 08/18/10 revealed tollets in four (4) resident bathrooms had uncovered boits sticking up from their bases. Interview with the Maintenance Supervisor on 18/19/10 revealed tollets in four (4) resident bathrooms had uncovered boits sticking up from their bases. Interview with the Maintenance Supervisor on 18/19/10 revealed tollets in four (4) resident bathrooms had uncovered boits sticking up from their bases. Interview with the Maintenance Supervisor on 18/19/10 revealed tollets in four (4) resident bathrooms had uncovered boits sticking up from their bases. Interview with the Maintenance Supervisor on 18/19/10 revealed tollets in four (4) resident bathrooms had uncovered boits sticking up from their bases.	TOMPLE ON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY DEFICIENCY ALTER DE PRECEDED BY PULL REQUILATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 I. Aerosol Label Remover. This product could be hazardous in case of skin contact. It may cause liching, scalling, reddening or, occasionally, bitsering, it could be hazardous and though it it could be hazardous in respectatory irritation or central nervous system depression. J. Non-acid disinfectant bathroom cleaner. May cause skin and eye irritation. R. Urine Odor and Stain Remover. May cause irritation to the eyes, chia and digestive tract. Interview with housekeeper on 08/19/10 at 1:30 PM revealed the housekeeper he had shut the cart door and thought it locked before he walked away from it to clean a bathroom. The housekeeper indicated he was not aware the cart was left unlocked. Interview with the lousekeeping Supervisor on 08/18/10 end a new cart had been opulied from active use on 08/18/10 and a new cart had been ordered. Interview with the Maintenance Supervisor on ordered.

PRINTED: 08/31/2010 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		185237	B. WING		08/	19/2010
	ROVIDER OR SUPPLIER DURTS AT CHEROK		210	ET ADDRESS, CITY, STATE, ZIP COE O MILLVALE RD. UISVILLE, KY 40205	DE .	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X6) COMPLETION DATE
F 323	several toilet bolt uncovered. He s covers and they we had time yet to pu Supervisor indica residents to com-	page 5 s in resident bathrooms were aid he had ordered a box of boit were on his desk; he just hadn't ut them on. The Maintenance ated it could be possible for e in contact with the exposed	F 323	F 372 (E) 1. The garbage dum were evaluated 8-19-201 garbage was cleaned up I maintenance staff and the lids were closed on the d 2. A scheduled ha	0. The by the dumpster umpsters.	
F 372 SS=E	PROPERLY	POSE GARBAGE & REFUSE dispose of garbage and refuse	F 372	obtained for when the du emptied. The maintenanch has developed a schedule maintenance staff to insp dumpster area post trash ensure garbage and refus	mpster is ce director c for the ect the removal to	
	by: Based on observed determined the fand refuse were Observation of the dumpsters lids were served.	IENT is not met as evidenced ration and interview, it was actility failed to ensure garbage disposed of properly. The empty dumpsters revealed the vere open and garbage was ground around the dumpster ude:	-	disposed of properly. Housekeeping and Maint staff will be educated by Housekeeping Superviso Maintenance director reg new scheduled. Septer 2010 3. The Maintenan director /designee will av area daily to ensure the disposes of garbage and a properly.	the r and the arding the aber 29, ace dit the facility	
	Observation on lids of the two dumpsters were to be on the grown An interview with 08/19/10, at 2:21 were emptied eathe garbage methe dumpsters sto pick up any site, which they	08/19/10, at 2:25 PM revealed the impsters were open, the empty. Garbage was observed and around the dumpsters. In the Maintenance Supervisor on 5 PM revealed the dumpsters arlier today and he "presumed that in did not close them." He added the lervice staff were also contracted cattered garbage at the dumpster did not do. The Maintenance and the lids of the dumpsters		4. The maintenance will report to daily admin meeting of noncompliance disposal of garbage and r non compliance will be e by the administrative tear review and follow up. The of the daily review will be forwarded to the monthly meeting for evaluation ar up. Safety minutes and recompliance will be forwarded to the monthly meeting for review and requarterly QA comminmeeting for review and for review and for the distribution of the distribution of the maintenance will be forwarded.	uistrative te with the efuse. All valuated m with te results e v safety and follow on arded to	September 30, 2

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING B. WING. 08/19/2010 185237 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

FOUR COURTS AT CHEROKEE PARK

2100 MILLVALE RD. LOUISVILLE, KY 40205

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EA CROS
F 372	Continued From page 6 should be closed and any scattered garbage	F 372	F 4
F 441 SS=D	around the dumpsters should be picked up to deter pests from the site. 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441	nur imn was inve

The facility must establish and maintain an Infection-Control-Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

- (a) Infection Control Program The facility must establish an Infection Control Program under which it -
- (1) Investigates, controls, and prevents infections in the facility:
- (2) Decides what procedures, such as isolation, should be applied to an individual resident; and
- (3) Maintains a record of incidents and corrective actions related to infections.
- (b) Preventing Spread of Infection
- (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
- (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
- (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.
- (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of

441 (D)

Upon notification the rse was pulled and educated mediately. The identified nurse is suspended pending investigation.

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

SS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**)

- All licensed staff will be 2. educated by the SDC regarding the policy and procedure for proper cleaning of accu check machines and infection control procedures within the facility. The infection control log was reviewed on 9/14/2010 to assist in identifying any trends. All machines were cleaned to ensure proper sanitation. September 29, 2010
- All licensed staff will be checked for competency by the unit nurse with return demonstration to ensure knowledge of cleaning the acc u check machine and following infection control policy by September 29, 2010
- The DON and/or designee will audit at least (4) nurses cleaning procedure weekly x four weeks to ensure proper procedures are being used. Results will be forwarded to the monthly infection control meeting for evaluation and follow up. Infection control logs will be reviewed monthly to identify any trends. Recommendations and audits will be forwarded to the quarterly QA committee for further review and follow up as needed.

Facility ID: 100221

September 30, 2010

PRINTED: .08/31/2010

(X6) COMPLETION

DATE

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			FORM	: 08/31/2010 APPROVED . 0938-0391
STATEMENT	CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE 9 COMPLI	URVEÝ ET ED
		185237	B. WING_		08/1	19/2010
	ROVIDER OR SUPPLIER	E PARK	` ;	REET ADDRESS, CITY, STATE, ZIP CODE 2100 MILLVALE RD. LOUISVILLE, KY 40205		
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AID DEFICIENCY)	HOULD BE	(X6) COMPLETION DATE
F 441	Continued From painfection.	age 7	F 44			
	by: Based on observation determined the factorial the spread of infermalti-use glucome testing for two (2)	ENT is not met as evidenced ation and interview it was bility-failed to ensure the prevent of the prevent between blood glucose residents, one (1) Unsampled the (1) of fifteen (15) sampled ant #11).				
	Registered Nurses sample on Unsam conducted a blood glucometer. RN same glucometer on Resident #11. RN failed to clear conducting the telefore using the linterview on 08/1 revealed she forgue she should have (2) minutes between the conducting she should have and recently was linterview on 08/1 lin	8/19/10 at 12:00 PM revealed (RN) #3 obtained a blood opled Resident A and diglucose test by use of a #3 then preceded to use the to obtain a blood sugar reading. The observation revealed the open the glucometer after est on Unsampled Resident A and glucometer on Resident #11. 9/10 at 11:10 AM with RN #3 got to clean the glucometer the next blood sugar. She stated cleaned the glucometer for two een each resident. Further ed she received training on an hire, at least quarterly, annually a trained on the new glucometers.	y			
	Development Co	19/10 at 2:30 PM with the Staff pordinator, who is responsible for Lrevealed nurses should clean				

DEPART	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			•	PRINTED: FORM A OMB NO.	(PPROVED
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	185237			1G		08/19/2010	
NAME OF PROVIDER OR SUPPLIER FOUR COURTS AT CHEROKEE PARK				210	ET ADDRESS, CITY, STATE, ZIP CODE O MILLVALE RD. UISVILLE, KY 40205		
(X4) ID PREFIX TAG	/EACH DEEICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULID BE	(X5) COMPLETION DATE
F 441	each use, as state Infection Control P interview revealed regarding the clear and July 2010.	age 8 To (2) minutes prior to and after d in the November 2009 Tolicy Addendum. Further nurses had received inservices ning glucometers in April, June	F	441			
	Administrator reve cleaned the gluco the residents. The had received an in	paied the nurse should have meter for two minutes between a Administrator indicated nurses aservice recently on glucometer of the glucometers.					
	1	·					